

Youth Tennis Tournament

USTA Sanctioned

10-and-Under Tournament

Everyone's a winner in the 10-and-Under Tennis Tournament! The format emphasizes skill development in a fun, non-competitive setting. Participants will use kid-sized: courts, nets, rackets and low-compression balls.



Divisions:

- a. Tiny Rackets ages: 5-6 years old
- b. Pee Wees ages: 7-8 years old
- c. Bantams ages: 9-10 years old

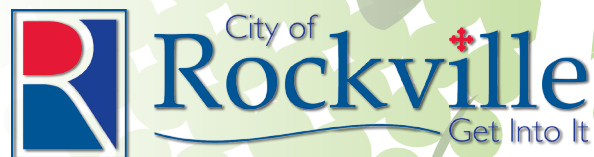
Players will receive on-court guidance from court supervisors.

When: May 11, 2013 from 1-5 p.m.

Where: City of Rockville tennis courts

Cost: \$25 Resident/\$30 Non-resident

Course #: 42691



240-314-8620 • www.rockvillemd.gov/recreation/sports

Youth Tennis Registration Form 2013

MAIN CONTACT: *required information

*Home/Cell Phone: _____ ☐ Check here if new address/phone since last time registered.

*Last Name _____ First Name _____ DOB: / / Sex: M/F

*Address: _____

*City/State/Zip _____

*Work Phone _____ * Email Address: _____

EMERGENCY CONTACT: (other than parent or adult participant)

First Name _____ Last Name _____ Phone _____

PARTICIPANTS: Divisions: ☐ Tiny Rackets ☐ Pee Wees ☐ Bantams USTA Ranking / Ability level: _____

Name (Last, First)	Sex M/F	Birthdate M/D/Y	Activity/ Class Name	Course #	School Attending	Sch. Yr. '12-'13 Grade	Fee

Rec Fund: \$ _____ Sr. Ctr. Mem: \$ _____ Multi-Course Discount: \$ _____

Additional Contribution to Recreation Fund: \$ _____

Total: \$ _____

Special Needs: Participants with special needs should contact our office three weeks prior to activity.

Release, Waiver, Assumption of Risk and Consent

Participation in the program may be a hazardous activity. Participant should not participate in the program unless participant is in good physical shape and is medically able. Participant (or parent or guardian on behalf of a minor child participant) assumes all risks associated with participation in this program, including but not limited to, those generally associated with this type of program, the hazards of traveling on public roads, of accidents, of illness, and of the forces of nature. In consideration of the right to participate in the program and in further consideration of the arrangement made for the participant by the Mayor and Council of Rockville through its Department of Recreation and Parks for food, travel, and recreation, the participant, his or her heirs, and executors, or a parent or guardian on behalf of a minor child participant, agrees to release and indemnify the Mayor and Council of the City of Rockville and all of its agents, officers and employees, from any and all claims for injuries or loss of any person or property which may arise out of or result from participation in the program. The participant (or the parent or guardian on behalf of a minor child participant) grants permission for a doctor or emergency medical technician to administer emergency treatment of the participant and consents to the City's use of photographs taken or videotapes made of the program that include the participant. Neither the instructor nor any of the staff are responsible for participants prior to or after the scheduled program.

*Signature of Participant/Guardian _____

PAYMENT

Amount Paid \$ _____ Cash ☐ Check # _____



Exp. Date ____ / ____

Signature (name on card) _____

OFFICE USE ONLY:

Check _____ Cash _____ Charge _____

Other _____

Processed by: _____

Date Processed: _____

Total Paid: \$ _____